

**VERMONT LICENSED TEACHER
HOME STUDY END-OF-THE-YEAR ASSESSMENT FORM**

It is expected that the teacher will review the student's curriculum and the student's content knowledge and/or skills in each subject area of the minimum course of study. An assessment must include a face-to-face meeting with the child. An individual progress assessment for each student must reflect whether or not the student is making progress commensurate with his/her age and ability in each subject area of the minimum course of study. The student should demonstrate, during the face-to-face meeting, his/her skill in reading, writing, and math unless the teacher is confident of the child's abilities in these areas based on prior contact with the child or current review of the student's work.

1. Name of Child Being Assessed: _____ **Age of Child:** _____

Parent(s) Name(s): _____

Parent(s) Address: _____

2. Teacher's Name: _____

Teacher's Address: _____

3. Date of Assessment: _____ **School Year Being Assessed:** _____

4. Students with or suspected of having a disability: For students with disabilities, the home study statute requires an adapted curriculum to assist the child in making progress commensurate with the student's age and abilities in each subject area. The adapted curriculum should also factor in any limitations resulting from the disability. The teacher should indicate that he/she has been made aware of an existing disability and of adaptations that were made to the minimum course of study. If the teacher does not see progress commensurate with the child's age and ability, a disability may be emerging or it may have gone undetected. The teacher should indicate whether or not he/she has concerns with this lack of progress and that he/she has addressed these concerns with the parents. This is an important part of an assessment and the presence of a disability or suspected disability does not mean that the child cannot be homeschooled. The Department of Education provides technical assistance to parents of homeschoolers with disabilities.

5. Please describe the method(s) of assessment. They may include results of on-the-spot testing, review of standardized test results, review of the portfolio of the student's work, demonstration of skills, etc.:

6. The teacher should render his/her professional opinion as to whether progress commensurate with the child's age and ability was made in each area. Please describe this progress in terms of skills and/or content knowledge. Each area should contain some specific comments regarding content acquired or skills practiced by the student during this school year. If the teacher has concerns, he/she should identify the concerns to the parent and discuss ways to improve progress.

Basic Communication Skills: Language Arts (Reading and Writing): _____

Basic Communication Skills: Math (Use of Numbers): _____

Citizenship, History, and Government (Social Studies): _____

Physical Education: _____

Comprehensive Health Education: _____

English, American, and other Literature: _____

The Natural Sciences: _____

The Fine Arts: _____

Comments: _____

Teacher Signature: _____ **Date:** _____

Mail to: Home Study Office, Vermont Department of Education, 120 State Street, Montpelier VT 05620-2501
FAX: (802) 828-0573

2010-2011 COVER SHEET FOR HOME STUDY ENROLLMENT (Form A)**SCHOOL YEAR: 2010-2011****TYPE OF ENROLLMENT: NEW _____**
RE-ENROLLMENT _____**CHILD(REN) TO BE ENROLLED:**

NAME: _____ /AGE: _____ DOB: _____ / _____ / _____
mo / date (optional) / year

NAME: _____ /AGE: _____ DOB: _____ / _____ / _____
mo / date (optional) / year

NAME: _____ /AGE: _____ DOB: _____ / _____ / _____
mo / date (optional) / year

NAME: _____ /AGE: _____ DOB: _____ / _____ / _____
mo / date (optional) / year

PARENTS OR GUARDIANS MUST SIGN THIS FORM (NOTE: both parents/guardians must sign, including those who are divorced but share the legal care and custody of the child(ren)):

NAME: _____ NAME: _____

MAILING ADDRESS: _____ MAILING ADDRESS: _____

(Including ZIP)

(Including ZIP)

PHONE: (H) _____ (W) _____ PHONE: (H) _____ (W) _____

E-MAIL: _____ E-MAIL: _____

TOWN OF RESIDENCE OF CHILD(REN): _____

SIGNATURE: _____ SIGNATURE: _____

Public School Your Child Would Have Attended: _____**PERSON(S) WHO WILL PROVIDE THE INSTRUCTION:**

NAME: _____ ADDRESS: _____

SIGNATURE: _____ PHONE: _____

PLEASE CHECK THE APPROPRIATE BOXES LISTED BELOW:**I have included the following:**

- ☐ Form A (or equivalent information)
- ☐ A school report card, Form B, **or** other information to verify that my child does or does not have a disability. (New enrollments only)
- ☐ An assessment of progress made in last year's home study program. See Page 5 of the *Guidelines for Home Study in Vermont*. (Re-enrollments only)
- ☐ A curriculum covering the 6 areas required by statute. See Page 16 of the *Guidelines for Home Study in Vermont*.
- ☐ Form C (or equivalent information) if my child is taking some courses at a public school.
- ☐ Form D (or equivalent information) if I want to put my name on a list of homeschoolers, given out to those who request it.
- ☐ Form E (or equivalent information) if my child has home study instructors other than us, the parents.
- ☐ Form F (or equivalent information) to receive information via e-mail.

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PS: _____ NR: _____ #SC: _____ SEC: _____

INDEPENDENT PROFESSIONAL EVIDENCE REPORTING FORM (Form B)

TO BE FILLED OUT & SIGNED BY AN EDUCATION OR HEALTH CARE PROFESSIONAL

Child's Name: _____ **Age:** _____

Parents' Names: _____

Address: _____ **Phone:** _____

1. Describe the screening method used to determine whether or not this child has a disability or is in need of further evaluation to determine whether or not there is a disability that would interfere with his/her ability to learn. Please be specific. Examples of methods of screening might be the Denver Developmental Screening Test, the Primary Observation Survey, comparison to developmental milestones, etc.

Date seen : _____

Method of screening used: _____

2. Did the results of the screening process indicate that the child has a disability that would interfere with his/her ability to learn?

_____ Yes _____ No

3. In your opinion, is there a need for further evaluation to determine whether or not this child has a disability that would interfere with his/her ability to learn? If yes, what are your specific recommendations?

_____ Yes _____ No

Name: _____ Position/Title: _____

Address: _____ Degree: _____

_____ Telephone: _____

Signature: _____ Date: _____

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COURSES TAKEN IN PUBLIC SCHOOL (Form C)

As more and more people are homeschooling, some parents are making arrangements at their local public school for their children to take one or more courses at the public school while homeschooling. If you are planning to homeschool and have your child take a course at a public school, please state in your minimum course of study the content for the classes taken at the school. Also, have the school fill out this form and submit it with your minimum course of study.

_____ will be taking the following
(Child's Name)

course(s) at _____
(Name of School)

School Year: _____

Courses: _____

Signed: _____

Position: _____

Date: _____

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CONSENT FOR RELEASE OF INFORMATION (Form D)

I, _____, hereby authorize the Vermont Department of Education to include my name and address on mailing lists that are given to the public upon request. I understand that if I agree to have my name included, my name will be released to any individual, group, or organization that requests a list of homeschoolers.

I understand that I am not required to give my consent and this decision is voluntary on my part. I also understand that once my name is given pursuant to this consent form, a decision to withdraw my consent will not necessarily remove my name from mailing lists already released to individuals, groups, or organizations.

This consent is valid for the period from this date until **December 31, 2011**.

Date: _____ Signature: _____

Address: _____

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HOME STUDY INSTRUCTOR(S) OR SERVICE PROVIDER(S) (Form E)

If you homeschool and plan to have any ongoing instruction or supplemental services such as speech, OT or PT provided by another person (but not in public school*), the home study statute requires that you provide the information requested below. This form needs to accompany the minimum course of study you send to the Department when you enroll your children in home study.

***NOTE: If your children are homeschooling and are also taking courses or receiving supplemental services (speech, PT, OT) in a public school, you will report this information on Form C, not Form E.**

_____ will be receiving instruction or supplemental services from the
(child's name) following persons:

1. Name: _____
Phone: _____
Instruction/Service
Provided: _____

Instructor/Provider's Signature: _____

2. Name: _____
Address: _____
Phone: _____
Instruction/Service
Provided: _____

Instructor/Provider's Signature: _____

3. Name: _____
Address: _____
Phone: _____
Instruction/Service
Provided: _____

Instructor/Provider's Signature: _____

4. Name: _____
Address: _____
Phone: _____
Instruction/Service
Provided: _____

Instructor/Provider's Signature: _____

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REQUEST FOR INFORMATION VIA E-MAIL (Form F)

Frequently, the home study office gets phone calls from groups offering opportunities for Vermont students, but these groups have no centralized way to reach homeschoolers.

Would you like to be added to an electronic mailing list to receive periodic notices from the home study office about educational, recreational, or other interesting opportunities which may arise during the year?

We will not share your e-mail address with anyone. We'll send occasional e-mails to you about opportunities that might be relevant and of interest to the homeschool community.

☐ Yes, please. My e-mail address is: _____

☐ No, thank you.

Name: _____

Signature: _____ Date: _____

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MINIMUM COURSE OF STUDY (CURRICULUM)

Child's Name: _____

School Year: _____

Please provide a detailed outline or narrative which describes the content to be provided in each area of the minimum course of study below.

1. BASIC COMMUNICATION SKILLS, including reading, writing, and the use of numbers.

Describe the skills or topics to be covered in **Language Arts** (*Reading and Writing*).

Examples of such may include phonics, penmanship, reading skills, reading comprehension, oral reading, speaking/ listening, vocabulary, spelling, grammar, usage, mechanics, written expression, compositions, editing, reference materials, reasoning, and/or media, etc.

Describe the skills or topics to be covered in **Math** (*Use of numbers*).

Examples of such may include numeration, addition, subtraction, multiplication, division, fractions, decimals, time, measurement, geometric concepts, algebraic concepts, trigonometric concepts, etc.

2. CITIZENSHIP, HISTORY & GOVERNMENT in Vermont and the United States.

Describe the skills or topics to be covered in **Citizenship, History, & Government** (*Social Studies*).

Examples of such may include specific eras in history of Vermont, the United States, and/or the world, cultures, communities, and traditions, geography, economics, government, law, etc.

3. PHYSICAL EDUCATION & COMPREHENSIVE HEALTH EDUCATION including the effects of tobacco, alcoholic drinks, and drugs on the human system and on society. Describe the skills or topics to be covered in **Physical Education**. (**NOTE: Children who are 13 or older are not required to do physical education or health.**)

Examples of such may include sports activities, exercise routines, lessons involving physical activities such as gymnastics or dance, motor skill development activities, etc.

Describe the skills or topics to be covered in **Health**.

(NOTE: Children who are 13 or older are not required to do physical education or health.)

Examples of such may include body structure and function, community health, safety and first aid, diseases, family and mental health, personal and consumer health human growth and development, drugs and alcohol, and nutrition, etc.

4. ENGLISH, AMERICAN & OTHER LITERATURE

Describe the skills or topics to be covered in **Literature**.

Examples of such may include plot development, characterizations, author's language, author's point of view; or list the authors, titles, and/or genres to be studied, etc.

5. THE NATURAL SCIENCES

Describe the skills or topics to be covered in **Science**.

Examples of such may include scientific processes, the scientific method, discoveries and inventions, scientists, chemistry, biology, earth science, physical science, physics etc.

6. THE FINE ARTS

Describe the skills or topics to be covered in **Fine Arts**. (**NOTE: Children who are 13 or older are not required to do fine arts.**)

Examples of such may include visual arts, music, drama, dance, painting, pottery, crafts, music lessons, attend performing arts events, etc.

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ADAPTATIONS TO THE MINIMUM COURSE OF STUDY
(If applicable)

Child's Name: _____ **School Year:** _____

Home study statute requires adaptations to the minimum course of study for students who have disabilities. If you have a child with a disability you must include, as part of your home study enrollment **each year**, a description of any special services or adaptations to be made by your home study program to accommodate the disability.

This requirement applies even if you are exempt from submission of the minimum course of study.

Adaptations are methods you implement or materials you use in order to accommodate any special needs your child has as a result of a disability. Adaptations enable your child to make progress which is commensurate with his/her age and ability, while factoring in any disability. The goal of implementing adaptations is to enable a student to progress as closely to his/her age and ability as can reasonably be expected.

Please list adaptations to your curriculum if they have not already been indicated in the minimum course of study:

Please list any special services your child will be receiving in addition to his or her minimum course of study such as speech services, PT, OT, counseling, etc.

Additional Comments?

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